



CITY OF SALFORD.

EDUCATION COMMITTEE.

SCHOOL MEDICAL SERVICE.

REPORT

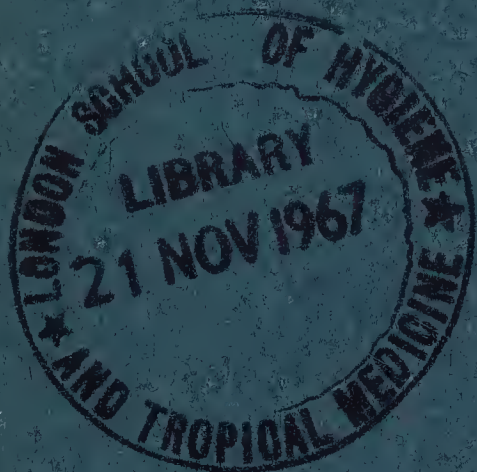
OF THE

SCHOOL MEDICAL OFFICER,

H. OSBORNE, M.D., M.R.C.S., D.P.H.,

For the Year ended 31st December, 1932.

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Medical Inspection of Schools.

Staff.

Medical Officer to the Education

Committee H. OSBORNE, M.D., M.R.C.S., D.P.H.,
(Also Medical Officer of Health) etc.

Assistant Medical Officers { H. HEATHCOTE, M.D., D.P.H (Senior).
G. HEATHCOTE, M.B., Ch.B.
J. L. BRADLEY, M.B., Ch.B., D.P.H.
J. H. KITSON, M.B., Ch.B., L.R.C.P.,
M.R.C.S. (commenced January).

Orthopædic Surgeon (part time) S. M. MILNER, M.B., Ch.B., F.R.C.S.

School Ophthalmic Officer D. SIMMONS (Miss), M.B., Ch.B.

School Dentists { A. E. SHERRATT, L.D.S.
A. V. LITTLEWOOD, L.D.S.
L. H. POLLITT, L.D.S.
M. G. MACLEOD (Miss), L.D.S.

SCHOOL NURSES.

Miss L. N. HOPSON (Superintendent).

Miss G. WILLIAMS.
„ R. LEE.
„ C. WEIR.
Mrs. A. G. WILLMOTT.
Miss M. MOORE.
„ A. HAIRS.
„ A. ROWLAND.
„ H. ELLIOTT.

Miss W. M. MELLOR. (resigned
December).
„ E. CLEMENTS.
„ E. HARLEY.
„ G. BOOTH.
„ G. E. HINDLEY.
„ N. L. JONES
„ D. E. BAYLIS

ORTHOPÆDIC NURSE (part time) :

Miss M. H. HULBERT.

CLERICAL STAFF.

Mr. J. A. DARBYSHIRE (Senior).

Miss D. M. BARNES.
„ E. FRIESER.
„ D. LEECH (resigned July).
„ M. GRUNDY.
„ P. HODGE.

Miss A. OWEN.
„ E. HALL.
„ D. McMILLAN.
„ E. H. WILSON.
„ A. H. SCOTT.

Co-ordination.

(a) **INFANT AND CHILD WELFARE.**—Medical records are transferred from the Child Welfare Department to the School Medical Department when children attain school age. As the two Child Welfare Centres at Regent Road and Teneriffe Street are housed in the same buildings as the two School Clinics co-operation of the two departments is further assured.

(b) **NURSERY SCHOOLS.**—The Child Welfare Medical Officer pays weekly visits to the Nursery School for the purpose of examining the children.

(c) **DEBILITATED CHILDREN** under school age are dealt with in the Child Welfare Department.

School Hygiene.

Much of the work of medical treatment of school children would be unnecessary if it were possible to concentrate more upon the preventive side of the problem. For instance, a good deal of visual defect and eye strain might be avoided if the lighting in all the schools was what it ought to be. In the same way, there is being manufactured in crowded and insufficiently ventilated classrooms much of the material with which open air schools are filled. Similarly, defective hygiene is responsible to a large extent for the spread of epidemic infectious disease among school children. If all the schools were more on open air lines there would, surely, be a great falling-off in the incidence of infectious disease. It is true, procedure can only be slow in this direction because of the great cost involved, but it is well that the preventive aspect of the problem should not be lost sight of.

With regard to the new schools at present under contemplation, it will be the Committee's policy to provide classrooms on the lines of the Open Air Schools, where the character of site and other conditions permit.

As regards sanitation the schools were regularly visited by the Sanitary Inspectors, who have paid altogether 544 visits. Improvement in the sanitary condition of outside offices, yards, etc., has been maintained.

Sanitary Inspectors' Visits to Schools	544
Defects Found	11
Drains defective	6
W.C. Basin defective	1
W.C. defective	1
Urinals defective	2
Refuse receptacle defective.....	1
	—
	11

Routine Medical Inspection.

School Doctors visit the whole of the Elementary Schools of the City for the purpose of medical inspection.

The Routine Inspection comprises three age groups of children, namely, children of five years, eight years and twelve years of age; these are the "Code Groups" examined every year, so that each child should be medically examined at least three times during its school career.

(A) ROUTINE MEDICAL INSPECTION IN THE SCHOOLS BY THE MEDICAL INSPECTORS.

The arrangements for routine medical inspection are as follows:—

Each school is notified some weeks in advance of medical inspection, the Head Teacher receiving a form requesting a return of the numbers of children of the three Code Groups on the Register. A further notification of the actual date of inspection is later forwarded to the teacher, the notification being accompanied by printed forms for the invitation of parents to be present at the inspection. These invitation forms give the hour as well as the date of inspection, and so obviate unnecessary waiting of parents on the school premises.

At each inspection the Medical Officer has the assistance of a School Nurse.

The School Nurse weighs and measures the children, tests vision with the ordinary types, and loosens the child's clothing for the doctor.

The School Medical Inspectors enter all details of medical inspection on the cards in the schools.

Parents present at the inspection are, of course, notified directly of any defect discovered, and they are advised as to the necessary treatment.

The work of following up by Attendance Officers has now been replaced by re-examination of such cases by the Medical Inspectors at the Inspection Clinics, and also by home visits carried out by the School Nurses.

(B) INSPECTION IN THE SCHOOLS BY NURSES.

One of the most important duties of the School Nurse is to visit the schools for the purpose of "cleanliness inspection."

On such occasions the whole of the children in attendance at a given school are submitted to inspection by the School Nurse, all heads being rapidly examined for Pediculosis, and in suspected cases the bodies also. A classification of the children's heads is made:—

A.—Signifying freedom from vermin or nits.

B.—The presence of a few nits only.

C.—The presence of a large number of nits or live vermin.

Class B children are given marked cards with warning and instructions, but are not excluded from school.

Class C children are given marked cards and are also excluded from school for 24 hours, when they are re-examined by the Nurse. In the latter case if it is found that the warning has been neglected, verminous notices are issued and the case dealt with according to Section 87 of the Education Act, 1921.

At the present time the aim is to submit every school in the City to "cleanliness inspection" three times during the year. This means, in practice, the inspection of every school for this purpose during the period—

- (a) From the beginning of the year to Easter ;
- (b) from Easter to the Midsummer Holidays ;
- (c) from the Midsummer Holidays to the end of the year.

This aim has been accomplished during the past year, when 94,480 "cleanliness inspections" were carried out by the School Nurses.

Subsequent to the visits of the Nurses to the schools for "cleanliness inspection," the schools are notified of the results of such inspection, and a notice is posted up showing the number of children classified A, B and C. This procedure is believed to have a stimulating effect.

In addition to periodical visits for "cleanliness inspection," special visits are paid by the Nurses at the request of the teacher for the specific purpose of examining children suspected of harbouring vermin or of suffering from contagious skin disease, etc.

Again, the Nurses visit schools during epidemic outbreak, and in this connection the Nurse with special fever training and experienced in throat examinations is useful.

(C) THE INSPECTION CLINICS.

Three Medical Officers now attend each afternoon, and one each morning, for the purpose of examining "special cases." These include—

- (1) Cases referred by the Medical Officers themselves in the course of routine medical inspection in the schools.
- (2) Cases referred by School Nurses from the schools.
- (3) Cases referred by School Teachers.
- (4) Cases referred by the Attendance Officers.
- (5) Cases in which medical examination is requested by the parents.

With reference to these examinations it is necessary to issue a fixed number of invitations for each session, the number varying according to the type of case, otherwise the Medical Officers would be overwhelmed on some occasions.

The Inspection Clinic serves a number of purposes.

First of all, it serves as a clearing house for children referred from different sources. For instance, cases with defects are advised as to the necessity for treatment, and are sent to the family doctor, where such exists. Otherwise, cases are sent to one of the Voluntary Hospitals, or are dealt with under the Local Authority's scheme; needy cases requiring operation are referred to hospital, minor ailments are sent to the Minor Ailments Clinic, oral sepsis to the Dental Clinic, visual defects to the Eye Clinic, physical deformities to the Orthopædic Clinic, Alopecia to the High Frequency Clinic, and ringworm of the scalp to the Manchester and Salford Hospital for Skin Diseases for X-Ray treatment.

Secondly, the Inspection Clinic serves as a Court of Appeal for children booked by the Attendance Officer for absence from school on the grounds of alleged ill-health.

Thirdly, it plays a great part in the "following up" of cases referred for treatment, especially where such is not obtained under the Local Authority's scheme, invitation to attend the Inspection Clinic for re-examination being issued a certain period after the recommendation for treatment. Here the "following up" is done by the Medical Officer himself.

Fourthly, the Inspection Clinic serves for the examination and grading of exceptional children, such as mentally defective, etc.

Fifthly, it serves as a discharging centre for cases previously excluded on medical grounds. For instance, no case of scalp ringworm once excluded from school may be readmitted until officially discharged and certified "fit for school" by the School Medical Officer.

During the year 1932 the total number of examinations of children at the Inspection Clinics was 19,576.

Findings of Medical Inspection.

Uncleanliness.

Children's heads and bodies were examined for Pediculosis on the occasion of the Nurses' visits to schools, when children of all ages were submitted to examination.

The number of children examined by the Nurses in the elementary schools totalled 94,480.

The Nurses have been able to visit all the schools in the City on three separate occasions during the year for the purpose of "cleanliness inspection," and the standard of cleanliness now adopted is very strict.

Tables showing prevalence of Pediculosis are hereby appended:—

TABLES SHOWING PREVALENCE OF PEDICULOSIS IN DEPARTMENTS WHERE ALL THE SCHOLARS PRESENT WERE EXAMINED BY THE SCHOOL NURSES.

INFANTS' DEPARTMENTS.

	BOYS.					GIRLS.				
	No. examin'd	Heads.			Ver- minous bodies.	No. examin'd	Heads.			Ver- minous bodies.
		*A.	B.	C.			*A.	B.	C.	
(A) Aggregate Numbers ..	13366	12640	551	175	18	13346	9928	2816	602	11
(B) Percentages ..	—	94·57	4·12	1·31	—	—	74·39	21·10	4·51	—

UPPER DEPARTMENTS.

	BOYS.					GIRLS				
	No. examin'd	Heads.			Ver- minous bodies.	No. examin'd	Heads.			Ver- minous bodies.
		*A.	B.	C.			*A.	B.	C.	
(A) Aggregate Numbers ..	35143	33940	861	342	100	32625	25266	6407	952	16
(B) Percentages ..	—	96·57	2·45	·97	—	—	77·44	19·64	2·92	—

* Heads A—Where neither vermin nor nits are present.
B—Containing a small number of nits only.
C—Containing live vermin or numerous nits.

The accompanying Table shows the work done under Section 87 of the Education Act, 1921 :—

BOYS.					GIRLS.				
Number of Cleansing Notices Served.	Hair Cut.		Cleansed at Mole Wheel Disinfecting Station.	Cleansed at Home.	Number of Cleansing Notices Served.	Hair Cut.		Cleansed at Mole Wheel Disinfecting Station.	Cleansed at Home.
	By Nurse.	By Parent.				By Nurse.	By Parent.		
100	6	58	2	34	351	202	136	2	4

Tonsils and Adenoids.

In routine cases 1,225 were found to be suffering from enlarged tonsils or adenoids, or both, whilst in addition 1,496 special cases were found with the same condition. As in previous years, it was found that a number of cases of enlarged tonsils were temporary in character, the condition disappearing in a short period of time, thus emphasising the importance of re-examining all these cases after an interval of a month or so before deciding on surgical measures.

Tuberculosis.

Amongst the inspection cases there were 101 children diagnosed as suffering from tuberculosis, 19 being fairly definite, and 82 suspected cases. At the same time there were very few advanced cases of phthisis, the majority being probably chiefly confined to the bronchial or mediastinal lymphatic glands and giving rise to indefinite physical signs, although the children were obviously suffering from the effects of toxic absorption, such as languor, anorexia, loss of flesh, night sweats, etc. The majority of such children are adversely affected by compulsory attendance at an ordinary school.

The Committee have fully realised the necessity for further Open Air School provision, and there are now in the City two Open Air Schools for the reception of delicate children.

Ringworm.

Cases of ringworm are notified by Teachers and Attendance Officers, as well as by the Medical Inspection Staff. All cases are invited to attend periodically at the Centre for inspection, and no child who has been known to have ringworm is allowed to return to school without a certificate from the Medical Officer.

During the year 1932, 34 new cases of scalp ringworm and 57 cases of body ringworm have been under supervision at the Inspection Clinic, and the total number of examinations in these cases amounted to 267.

Alopecia.

There have been 85 new cases under supervision at the Inspection Centre, with a total of 268 examinations.

The Treatment of Alopecia by the High Frequency Current.

The use of the high frequency current has been continued during 1932. The children are instructed to attend daily. The high frequency current ($\frac{1}{4}$ inch spark) is given for five minutes, which is sufficient to produce a slight reddening of the affected area. The treatment is of considerable value in the more obstinate type of case, and the application

is painless. All other treatment, *e.g.*, lotion, is stopped while the child is being treated by the high frequency current.

Twenty boys and twenty-eight girls were under treatment in 1932.

Eczema, Impetigo and Sores.

The number of new cases of these diseases under observation during the past year was 2,656 and the number of examinations 5,337.

Scabies.

There were 186 cases under supervision and 417 examinations.

External Eye Disease.

The bulk of the cases of external eye disease found on inspection, as usual, proved to be conjunctivitis or blepharitis of a fairly mild type.

There have been no serious outbreaks of ophthalmia in any of the schools. The practice adopted is to exclude every case of conjunctivitis in which there is possibility of infection.

Vision.

Routine medical inspection in the case of the eight-year-old group and twelve-year-old group includes the testing of vision by means of the usual types at a distance of six metres. Children whose distant vision is represented by 6/12 both eyes or 6/18 one eye or worse, also any children who appear to be suffering from the effects of eye strain, or children of five years suffering from strabismus, are all referred for examination at the Refraction Clinic by the Eye Specialist.

During the year under consideration, 1,373 cases have been referred for examination at the Refraction Clinic.

Ear Disease and Hearing.

The great majority of cases of ear disease met with in routine inspection are children suffering from suppurating discharge from the middle ear. These are the cases which in the old days were generally allowed to go untreated, and they often became very offensive for want of attention.

One thousand two hundred and ninety-nine cases were met with by the Medical Inspectors, and most of these were dealt with at the School Clinics.

Dental Defects.

The following Tables show (a) the number of sound and decayed teeth (both temporary and permanent) and (b) the actual state of teeth and gums, and the grinding capacity ; (c) the actual number of decayed teeth, *per child*, among the children examined by the School Dentists.

TABLE A.
ROUTINE DENTAL INSPECTION.

Age.	Number examined.	TEMPORARY TEETH.				PERMANENT TEETH.			
		Number present.	Average per child.	Number decayed.	Average per child.	Number present.	Average per child.	Number decayed.	Average per child.
{ Boys	6	24831	16.89	8929	6.07	5344	3.63	372	0.25
	7	18617	13.05	7872	5.52	10934	7.66	960	0.67
	8	15991	9.99	7241	4.52	17080	10.67	1601	1.00
	9	11636	7.43	5230	3.34	20944	13.37	1918	1.22
	10	8770	5.17	4138	2.44	27672	16.32	2270	1.33
	11	4435	3.01	2173	1.47	29226	19.87	2273	1.54
	12	2177	1.42	1139	0.74	35531	23.28	2614	1.71
	13	592	0.64	348	0.37	23372	25.32	1882	2.04
	14	29	0.22	19	0.14	3483	26.19	293	2.20
	Total	87078	7.37	37089	3.14	173586	14.70	14183	1.20
{ Girls	6	22936	16.33	8392	5.97	6497	4.62	442	0.31
	7	17825	12.48	7423	5.19	12214	8.55	1097	0.76
	8	13473	9.27	6208	4.27	17159	11.81	1621	1.11
	9	9285	6.50	4350	3.04	21203	14.84	1957	1.37
	10	5634	3.80	2649	1.78	27372	18.47	2175	1.46
	11	2431	1.91	1229	0.96	28076	22.12	2177	1.71
	12	1068	0.81	540	0.41	32482	24.81	2620	2.00
	13	259	0.31	150	0.17	22057	26.16	1992	2.36
	14	32	0.25	18	0.14	3421	26.52	275	2.13
	Total	72943	6.79	30959	2.88	170481	15.86	14356	1.33
	Boys and Girls....Total	160021	7.09	68048	3.01	344067	15.26	28539	1.26

TABLE B.
ROUTINE DENTAL INSPECTION.

	Age.	Number exam- ined.	State of Teeth.			Condition of Gums.			Grinding Capacity.			Temporary Teeth.		Permanent Teeth.			Hypo- plastic.	
			Clean.	Fairly clean.	Dirty.	Healthy	In- flamed.	Septic.	Good.	Average	Bad.	Sound.	Decayed	Sound.	Decayed.			
															Saveable	Un- saveable		
{ Boys }	6	1470	1366	104	—	625	499	346	145	1309	16	15902	8929	4972	333	39	9	
	7	1426	1318	108	—	578	544	304	76	1345	5	10745	7872	9974	761	199	202	
	8	1600	1464	136	—	691	584	325	91	1500	9	8750	7241	15479	1176	425	351	
	9	1566	1468	97	1	757	519	290	95	1461	10	6406	5230	19026	1200	718	299	
	10	1695	1573	122	—	876	492	327	159	1525	11	4632	4138	25402	1334	936	541	
	11	1471	1355	116	—	805	397	269	196	1270	5	2262	2173	26953	1271	1002	311	
	12	1526	1409	117	—	911	363	252	260	1263	3	1038	1139	32917	1317	1297	331	
	13	923	845	78	—	582	204	137	180	742	1	244	348	21490	857	1025	139	
	14	133	124	9	—	76	34	23	31	102	—	10	19	3190	147	146	11	
	Total.	11810	10922	887	1	5901	3636	2273	1233	10517	60	49989	37089	159403	8396	5787	2194	
	{ Girls }	6	1404	1311	92	1	611	499	294	144	1248	12	14544	8392	6055	404	38	80
		7	1428	1344	84	—	591	527	310	97	1327	4	10402	7423	11117	929	168	219
		8	1453	1372	81	—	678	505	270	85	1360	8	7265	6208	15538	1176	445	277
		9	1428	1330	98	—	689	477	262	106	1315	7	4935	4350	19246	1265	692	367
10		1482	1384	97	1	865	385	232	152	1320	10	2985	2649	25197	1206	969	407	
11		1269	1186	83	—	700	320	249	227	1040	2	1202	1229	25899	1196	981	296	
12		1309	1209	100	—	766	279	264	249	1060	—	528	540	29862	1289	1331	379	
13		843	779	62	2	469	195	179	170	668	5	109	150	20065	943	1049	176	
14		129	122	7	—	73	31	25	26	102	1	14	18	3146	127	148	33	
Total.		10745	10037	704	4	5442	3218	2085	1256	9440	49	41984	30959	156125	8535	5821	2234	
Boys & Girls		Total.	22555	1591	5	11343	6854	4358	2489	19957	109	91973	68048	315528	16931	11608	4428	

TABLE C.—ROUTINE DENTAL INSPECTION.
TABLE SHOWING NUMBER OF DECAYED TEETH AMONG SCHOOL CHILDREN EXAMINED IN THE SCHOOLS BY SCHOOL DENTISTS DURING THE YEAR 1932.

Number of Decayed Teeth.	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20 and up-wards	Total No. of Decayed Teeth.	Total No. Examined
Boys aged 6— Aggregate No. of Children Percentage	77 5.24	76 5.17	115 7.82	116 7.89	126 8.57	159 10.82	148 10.07	131 8.91	121 8.23	93 6.33	78 5.30	66 4.49	57 3.88	38 2.58	26 1.77	16 1.09	15 1.02	7 0.48	4 0.27	1 0.07	—	9301	1470 100.00
Girls aged 6— Aggregate No. of Children Percentage	85 6.05	67 4.77	113 8.05	112 7.98	161 11.47	134 9.54	129 9.19	109 7.76	106 7.55	88 6.27	80 5.70	48 3.42	69 4.92	28 1.99	26 1.85	11 0.78	14 1.00	9 0.64	6 0.43	3 0.21	—	8834	1404 100.00
Boys aged 7— Aggregate No. of Children Percentage	35 2.45	62 4.35	125 8.76	132 9.26	165 11.57	143 10.03	149 10.45	147 10.31	128 8.90	91 6.38	79 5.54	51 3.57	49 3.43	17 1.19	19 1.33	13 0.91	10 0.70	3 0.21	5 0.35	—	3 0.21	8832	1426 100.00
Girls aged 7— Aggregate No. of Children Percentage	53 3.71	57 3.99	120 8.40	141 9.88	195 13.66	141 9.88	155 10.85	138 9.66	123 8.62	84 5.88	65 4.55	46 3.22	42 2.94	16 1.12	20 1.40	11 0.77	9 0.63	4 0.28	2 0.14	3 0.21	—	8520	1428 100.00
Boys aged 8— Aggregate No. of Children Percentage	63 3.94	76 4.75	145 9.06	186 11.63	213 13.31	189 11.81	174 10.88	146 9.13	122 7.63	86 5.38	67 4.19	62 3.87	28 1.75	14 0.87	16 1.00	4 0.25	4 0.25	3 0.18	2 0.12	—	—	8842	1600 100.00
Girls aged 8— Aggregate No. of Children Percentage	51 3.51	85 5.85	138 9.50	166 11.43	176 12.11	203 13.97	146 10.04	154 10.60	104 7.16	82 5.64	56 3.86	36 2.48	17 1.17	14 0.96	8 0.55	5 0.34	8 0.55	2 0.14	2 0.14	—	—	7829	1453 100.00
Boys aged 9— Aggregate No. of Children Percentage	85 5.43	123 7.85	206 13.16	205 13.09	237 15.13	184 11.75	160 10.22	132 8.43	78 4.98	61 3.90	44 2.81	22 1.40	10 0.64	7 0.45	7 0.45	2 0.13	1 0.06	1 0.06	—	1 0.06	—	7148	1566 100.00
Girls aged 9— Aggregate No. of Children Percentage	77 5.39	142 9.94	191 13.38	196 13.73	199 13.94	161 11.28	131 9.17	126 8.82	78 5.46	57 3.99	28 1.96	19 1.33	7 0.49	11 0.77	3 0.21	1 0.07	1 0.07	—	—	—	—	6307	1428 100.00
Boys aged 10— Aggregate No. of Children Percentage	149 8.79	210 12.39	245 14.46	267 15.75	261 15.40	181 10.68	133 7.85	87 5.13	56 3.30	46 2.71	23 1.36	10 0.59	13 0.77	6 0.35	6 0.35	1 0.06	1 0.06	—	—	—	—	6408	1695 100.00
Girls aged 10— Aggregate No. of Children Percentage	165 11.13	238 16.06	251 16.94	251 16.94	183 12.35	135 9.11	94 6.34	63 4.25	54 3.65	18 1.22	15 1.01	7 0.47	6 0.40	2 0.13	—	—	—	—	—	—	—	4824	1482 100.00

TABLE C.—Continued.

Number of Decayed Teeth.	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20 and up- wards	Total No. of Decayed Teeth.	No. Exam- ined.
Boys aged 11— Aggregate No. of Children Percentage	198 13.46	238 16.18	250 17.00	222 15.09	220 14.96	132 8.97	101 6.87	46 3.13	28 1.90	21 1.43	8 0.54	4 0.27	2 0.13	1 0.07	—	—	—	—	—	—	—	4446	1471 100.00
Girls aged 11— Aggregate No. of Children Percentage	210 16.55	220 17.34	243 19.15	189 14.89	182 14.34	87 6.86	72 5.67	31 2.44	14 1.10	10 0.79	4 0.32	5 0.39	2 0.16	—	—	—	—	—	—	—	—	3406	1269 100.00
Boys aged 12— Aggregate No. of Children Percentage	262 17.17	303 19.85	332 21.76	226 14.81	174 11.40	105 6.88	57 3.73	27 1.77	21 1.38	11 0.72	2 0.13	4 0.26	1 0.07	1 0.07	—	—	—	—	—	—	—	3753	1526 100.00
Girls aged 12— Aggregate No. of Children Percentage	232 17.72	270 20.63	280 21.39	208 15.89	124 9.47	92 7.03	48 3.67	23 1.76	12 0.92	10 0.76	5 0.38	2 0.15	—	2 0.15	—	—	—	1 0.08	—	—	—	3160	1309 100.00
Boys aged 13— Aggregate No. of Children Percentage	163 17.66	198 21.45	179 19.39	141 15.28	115 12.46	63 6.83	28 3.03	13 1.41	9 0.97	6 0.65	2 0.22	2 0.22	3 0.32	1 0.11	—	—	—	—	—	—	—	2230	923 100.00
Girls aged 13— Aggregate No. of Children Percentage	151 17.91	165 19.57	170 20.17	135 16.01	92 10.91	47 5.58	35 4.15	17 2.02	10 1.19	8 0.95	4 0.47	4 0.47	3 0.36	1 0.12	—	1 0.12	—	—	—	—	—	2142	843 100.00
Boys aged 14— Aggregate No. of Children Percentage	32 24.06	23 17.29	20 15.04	24 18.05	15 11.28	7 5.26	7 5.26	3 2.26	—	1 0.75	1 0.75	—	—	—	—	—	—	—	—	—	—	312	133 100.00
Girls aged 14— Aggregate No. of Children Percentage	26 20.15	28 21.70	24 18.60	23 17.83	13 10.08	5 3.88	3 2.33	5 3.88	—	2 1.55	—	—	—	—	—	—	—	—	—	—	—	293	129 100.00
TOTAL Boys and Girls— Aggregate No. of Children Percentage	2114 9.37	2581 11.44	3147 13.95	2940 13.04	2851 12.64	2168 9.61	1770 7.85	1398 6.20	1064 4.72	775 3.44	561 2.49	388 1.72	309 1.37	159 0.71	131 0.58	65 0.29	63 0.28	30 0.13	21 0.09	8 0.03	12 0.05	96587	22555 100.00

Average number of decayed teeth per child—4.28.

Crippling Defects.

Amongst the Code Group cases 27 children were referred for treatment on account of rickets.

Infectious Disease.

A system of notification is in force whereby the Head Teachers forward to the Medical Officer of Health particulars of the cause of absence from sickness of the children attending their schools. These returns are sent in weekly, and are classified in the following table :—

RETURN OF SICKNESS IN SCHOOLS DURING THE YEAR 1932.

Notifiable Diseases.	Measles.	Whooping Cough.	Chicken-pox.	Mumps.	Ringworm.	Ophthalmia.	Sore Throat.	Bronchitis and Pneumonia.	Colds.	Other Diseases.	Influenza.
694	1325	728	1129	2773	76	134	3863	1674	15295	10412	1958

Following Up.

The work of following up has been carried out by (a) the School Medical Officers, and (b) School Nurses.

A large number of cases seen in the schools during the course of routine inspection are referred to the Inspection Clinic for further examination at a later date.

Formerly “Home Visits” for the purpose of following up were carried out almost entirely by the Attendance Officers. The School Nurses, however, are now undertaking this work. During the year they paid over 3,889 home visits.

Medical Treatment.

A number of defects requiring treatment are dealt with under the Local Authorities' Scheme. This includes:—(1) The treatment of minor ailments at the School Clinic; (2) the treatment of physical deformities at the Orthopædic Clinic; (3) the treatment of alopecia by the High Frequency Current; (4) the treatment of dental defects at the Dental Clinic; (5) the treatment of visual defects at the Eye Clinic; (6) the surgical treatment of tonsils and adenoids at the Salford Royal Hospital and the Manchester Victoria Memorial Jewish Hospital; and (7) the X-Ray treatment of Scalp Ringworm at the Manchester and Salford Hospital for Skin Diseases.

The Minor Ailments Clinic.

During the past year 2,825 new cases were treated at the Minor Ailments Clinics, Regent Road, Teneriffe Street, and Police Street, and the attendances of patients totalled 64,641. The cases which received treatment were those who would otherwise have received little or no attention, such as chronic ear discharge, chronic nasal discharge, often accompanied by impaired hearing ; skin diseases, such as tinea, alopecia, eczema, impetigo, sores and septic conditions, and such common external eye diseases as conjunctivitis and blepharitis.

It is found that the great majority of these cases rapidly improve under thorough treatment, and, as a rule, even the bad cases are soon able to resume school.

The treatment is carried out by the School Nurses under the direction of the Medical Officers.

Two School Nurses attend the Regent Road Clinic each morning, one attends the Teneriffe Street Clinic each afternoon, and one attends the Police Street Clinic each morning.

All cases attending the Clinic are first examined either at the Inspection Clinic or at school by the Medical Officers, who issue cards authorising the child's attendance at the Treatment Clinic.

The cards show the doctors' diagnosis and instructions for treatment, and the date of attendance is stamped thereon for the information of the teacher. No child is treated at the Minor Ailments Clinic unless first authorised and given a card by the Medical Officer, otherwise the Nurses would be quickly overwhelmed.

The following Table shows the number of new cases and attendances up to December 31st, 1932 :—

	Boys.	Girls.	Total.
New Cases	1668	1157	2825
Attendances	38193	26448	64641

Tonsils and Adenoids.

The Education Committee have an arrangement for the surgical treatment of these cases at the Salford Royal Hospital and the Manchester Victoria Memorial Jewish Hospital.

Lists of cases considered suitable for operation are submitted to the hospitals. After operation, children are re-examined at the Inspection Clinic by a School Medical Officer.

A charge of 25s. is made by the Salford Royal Hospital, and 27s. 6d. by the Manchester Victoria Memorial Jewish Hospital for each case operated upon, and a portion of this charge is recovered from parents who can afford to contribute towards the cost ; 245 cases have been successfully operated on during the year.

Tuberculosis.

Children found to be suffering from definite tuberculosis are generally referred for treatment to the Tuberculosis Department. A certain number of children suffering from suspected tuberculosis are dealt with at the Open Air Schools.

Skin Disease.

Ringworm of the Scalp.

From 1913 to 1929 Ringworm of the Scalp was treated by the X-Ray apparatus at the Regent Road Clinic, but the number of cases have diminished greatly during recent years, from some hundreds annually at the outset in 1910, to 131 in 1921, and 43 in 1929.

It was, therefore decided by the Education Committee, that it would be more economical not to incur expenditure on new apparatus which would have been necessary at the X-ray clinic, so an arrangement has been made between the Committee and the Manchester and Salford Hospital for Skin Diseases for suitable cases of ringworm to be referred from the Clinic to the Skin Hospital for X-ray treatment. A charge of £1 1s. 0d. per child is made by the Skin Hospital and twelve cases were treated in 1932. The children attend the Skin Hospital after the application of the X-rays for a period of about five weeks. All the children are seen at the clinic after the treatment is completed at the Skin Hospital.

Of three cases cured by local treatment, the period after commencement of treatment before the children were able to return to school was, on an average, $25\frac{1}{2}$ weeks.

ECZEMA, IMPETIGO AND SORES.

A large number of such cases are now being dealt with very successfully at the School Clinics, and many obstinate cases of impetigo are returned to school after a few days' treatment.

SCABIES.

Cases are now treated daily by the School Nurses at the Mode Wheel Disinfecting Station, and the children are first given a warm bath, after

which the appropriate remedies are applied. In most of these cases the bedding is also disinfected. It is found that this treatment very considerably shortens the duration of the disease.

Ear Disease and Hearing.

Cases of ear disease and defective hearing are generally kept under observation by the School Doctor at the Inspection Clinic, and many of these receive treatment at the School Clinic. This treatment includes the daily syringing, etc., of cases of otorrhœa and also the giving of nasal douches where the impaired hearing is due to catarrh and obstruction of the nasal passages.

Dental Clinic.

The School Dentists, as in previous years, devoted most of their time to conservative dental treatment of the first permanent teeth (six-year old molars). Actual dental inspection in the schools was carried out on eight mornings per week (two mornings for each of the four Dentists), the remainder of the week being occupied with the treatment of defects found in the course of this inspection.

The attendance of the children at the Clinics has been extremely good, very few of them failing to keep their appointments.

Altogether 7,042 children were treated at the Dental Clinics, making 12,784 attendances. There were 14,387 extractions of teeth, 4,620 fillings, 659 dressings and 741 scalings.

The tables on pages 9-12 show in detail the work carried out during the year 1932.

Crippling Defects.

A number of children suffering from well-marked ricketty and certain other deformities are very successfully dealt with at the Greengate Dispensary under the supervision of Dr. Mumford. The children so treated are resident in the institution for a period.

The Committee are agreed that the provision of a day school to accommodate 100 crippled children is a necessity. The Committee acquired a piece of land adjoining Buile Hill Park which it was thought might be utilised as a site for a Cripple School.

On further consideration it was realised that a considerable amount of money would have to be expended in preparing this site, which again was not quite as open as it might be.

The Committee are therefore in negotiation with a view to obtaining an alternative site.

Heart and Circulation.

In all well-marked cases of heart disease, the parents were interviewed and warned of the defect and the children were referred for further examination in three month's time. The teachers were also warned of such defects and advised as to the child's fitness for drill or otherwise.

The Ophthalmic Clinics.

The Ophthalmic Officer's Report is appended herewith :

REPORT OF THE OPHTHALMIC CLINICS, SALFORD EDUCATION COMMITTEE.

The essential duties are performed at ;—

- (1) The Refraction Clinic, held at the Education Office, Chapel Street, Salford.
- (2) The External Eye Diseases Clinic, held at Regent Road.
- (3) The South Bank Sight-saving School, Sandy Lane, Pendleton.

The Refraction Clinic.

There has been no striking change in the incidence of any of the eye diseases and defects examined at this clinic during the past year. There has been a regular steady attendance, and 2043 cases have been thoroughly examined and treated, each involving three attendances. At the first visit the child's vision is tested by the nurse ; the ophthalmic officer then examines the child for any signs of external eye disease and squint, and as a rule drops are given for daily application until the second attendance one week later. At this second visit a complete refraction is performed and the internal eye is examined, a subjective test with lenses is made, and finally a prescription for the required glasses is given in those cases where spectacles are found to be necessary. The child is then, (i.e., on the same day) directed to the optician under contract to the Corporation, in order to be measured for the spectacles which are ready for collection at the Clinic by the child during the following week. At this third attendance, the new glasses are tested in order to confirm their correctness to prescription, and the child's vision is taken whilst wearing the new glasses. Needless to say, the fitting of the frames is tested by the nurse. The parents themselves, pay for the glasses, a round sum of 7s. per pair being charged, irrespective of the strength of the lenses. The payments are usually made in small weekly payments, either to the attendance officers whilst on their district rounds, or to the central office direct. In all cases where glasses are really necessary, the child is provided with them immediately, the parents paying off later when they can afford.

The co-operation of parents in ensuring the wearing of glasses has been a noteworthy feature of this year's work, as in previous years. It is desirable to explain briefly to the parents the use of drops ordered for the eyes after

the first visit. These drops are ordered essentially for the purpose of examination, and not for treatment. The pupils are dilated to permit of a complete examination of the background of the eye: this dilatation prevents accommodation, and so renders the child unable to read or write so long as the eyes remain under the influence of the drops. The school authorities and teaching staffs are fully aware of this temporary disability; parents, however, need have no fears of such a child's safety whilst out-of-doors, or going to school, etc. The children must go to school during the time the eyes are under the influence of the drops because whilst they cannot see to read and write clearly, they can take part in all the other lessons and work done in school.

Parents are realizing more easily that it is quite possible for a child to have defective sight in one or both eyes, and yet not complain either at school or at home. This applies to two main groups of children; the first group consists of young children up to 9-10 years old, who do not realise that they see objects indistinctly, for the simple reason that they have never experienced full clarity of detail, and it is not until the glasses have been worn for a short time that the child admits it is able to see more clearly hence the little difficulty encountered occasionally in getting a parent to appreciate the value of the child wearing spectacles. The second group consists of children 10-11 years upwards with commencing myopia (shortsight). At this period of life several important factors conspire to cause myopia to start insidiously, and to increase with varying degrees of rapidity in a comparatively short time. The chief of these is the rapid growth and development of both mind and body, especially if any hereditary tendency exists. Excessive reading, (and unfortunately this type of child is usually very fond of reading) often in a poor light, and debilitating diseases affecting the general health, aggravate this condition, and so the child is often definitely short-sighted before it realises that the distant sight is going worse. A distinct improvement has been noticed in nearly all the cases of strabismus (squint) examined during the past year, the condition having been detected previously and the child being under treatment in the meantime. This is a gratifying result of the early and persistent treatment recommended in previous reports. Spectacles are advised in all cases of squint, to be worn constantly in the majority of cases, but sometimes where the squint is only seen occasionally, and especially if the child is over 10 years old, they may be worn for all school work and reading, writing, sewing, etc., at home, and also when attending the cinema.

In very young children referred by the child welfare department, sometimes drops are given to be applied to the "good eye" twice daily, for a few weeks, the squinting eye has to do all the work, and so tends to strengthen and straighten. In some cases a cure has been effected by this treatment, but in others the improvement has only been temporary and then later the squint has re-appeared when the child has gone to school or had an illness.

Myopia (shortsight) continues to be the most serious defect among secondary school children, possibly made worse by the hours spent in homework. Whenever possible these children are warned against doing outside reading and close work, and games along with any outdoor life are encouraged. This clinic still works in conjunction with the Venereal Disease clinic, and the Child Welfare clinic, and cases are referred from one to the other for treatment and advice. On the whole the past year has been one of steady work and progress.

External Eye Diseases Clinic.

One thousand, four hundred and seven cases have been seen on Wednesday afternoons, at the Regent Road School Clinic. The number attending this Clinic varies little from year to year now, and consists mainly of cases of blepharitis and conjunctivitis in both chronic and acute forms. On the whole, the diseases continue to be of a very mild type, a marked difference from our experience in the early days of this Clinic in 1927, when there were numerous cases of purulent conjunctivitis. Many cases of phlyctenular conjunctivitis are still seen, and these sometimes prove very troublesome to cure—no sooner does one phlycten disappear and the eye seem better, than another appears, and frequently some ulceration appears along with this condition. The prevalence of this condition at present is probably due to the economic conditions—the children not being properly fed and their general stamina being lowered, so giving rise to this disease. A small number of interstitial keratitis cases is seen regularly at this Clinic both during the active stages of the disease and afterwards, even when the eyesight has returned and is apparently better. In this way it is easy to keep an eye on the children, and to see that they attend regularly for specific treatment. Sometimes adults with eye trouble are referred by the doctors of the venereal diseases Clinic to this Clinic for advice—also infants from the child welfare department are brought for advice as regards treatment.

Recently there has been noted a marked improvement in some of the chronic cases of blepharitis who have been attending the clinic for years on and off. This can be attributed to the regular daily treatment which has been instituted through this Clinic, since even if the child is apparently better, the attendance is continued. Thus, should the lid margins become sore again, the treatment is steadily persevered with, whereas previously the child only came just when the lids were inflamed, and stopped attending as soon as they seemed a little better.

South Bank Sight Saving School.

This school still continues to serve a very useful purpose. During the last 10 years (i.e., since the school was first opened) 236 children have been admitted. For the first five years the school was mainly a myope school with a few non-myope children; later, when the External Eye Diseases Clinic was started, it became apparent that its scope might be extended.

Children classed as "temporary cases" are now admitted to the school. These are mainly cases of interstitial keratitis, who are undergoing full treatment, but are in the healing stages of the disease. Normally this would mean that the child would be away from school for periods varying from two months to 1-2 years, during which time it would be unable to see school books but it would be able to do handiwork, etc., of the type taught in the school. Also there are children of the strumous diatheses who have repeated attacks of inflammation and ulceration of the cornea. These children attend the Clinic intermittently for months, or even years, and are unable to attend the elementary school most of the time. It is found that if such children go to this special school and have their eyes treated daily by the nurse, they improve rapidly, so that after six months with no sign of recurrence they are referred back to their ordinary school as permanently cured, (no recurrences have occurred up to the present). These temporary cases only form a small proportion of the children in the school, the bulk consisting of those with very defective eyesight, and who consequently are not fit to be in an ordinary school because they cannot read school books or the blackboard, or in whose cases the effort to do so is liable to impair the sight. The majority of these children are High Myopes (shortsight) which is a disease with a marked tendency to get worse during the growing years, and is aggravated by reading and close work. The non-myopes include all types of case :—congenital defects ; extensive corneal nebulae ; very high hypermetropia ; disease of the optic nerves or of the macula, choroid and retina ; nystagmus ; children with only one eye which has weak sight, the other eye having been lost through accident, etc., etc.

A complete medical inspection of the children as to their physical condition takes place once a term.—It is found that on the whole the general physique is poor, and so, to counteract this, Cod Liver Oil Emulsion and Parrish's Chemical Food have been given during the last few years. This treatment has been followed by a marked improvement in the school attendance, especially during the winter months.

Every six months a complete ophthalmological examination is made under a mydriatic, and once yearly refraction is carried out in the case of all the children.

Every three weeks the ophthalmological officer visits the school to see all Clinic cases ; any child with broken glasses is retested and new glasses are prescribed ; all complaints of headaches or any trouble with the eyes or sight are enquired into, and all new admission cases are examined. The teacher reports anything of interest since the last visit of the doctor. One of the nurses visits the school daily to administer any treatments, and once weekly a cleanliness inspection is undertaken by the nurse.

The number of children admitted to South Bank during the year was 15 (9 girls and 6 boys), and the number discharged 25 (12 girls and 13 boys).

TABLE S IVa.

SUMMARY OF CASES SEEN BY THE OPHTHALMIC OFFICER AT THE
EDUCATION OFFICE DURING THE YEAR 1932.

A.—REFRACTIONS.

	Boys.	Girls.	Total.
Hypermetropia	65	36	101
Hypermetropic Astigmatism	428	487	915
Myopia	106	114	220
Myopic Astigmatism	189	243	432
Emmetropia	5	17	22
Mixed Astigmatism	63	75	138
Anisometropia	21	23	44
Nil	86	85	171
TOTALS	963	1,080	2,043

B.—DISEASES OF THE EYE.

	Boys.	Girls.	Total.
Muscle Disorders—			
Nystagmus	—	—	—
Squint	254	230	484
Disease of the Conjunctivæ and Lids—			
Conjunctivitis	29	17	46
Blepharitis	4	—	4
Meibomian Cyst	—	—	—
Disease of the Cornea—			
Nebulæ	—	—	—
Keratitis	1	3	4
Ulcer	7	12	19
Disease of the Lens—			
Cataract	—	—	—
Other Defects	9	9	18

Open Air Schools.

The Frederick Road Day School, which provides accommodation for 70 delicate children, was opened on the 28th August, 1916, in the open shed and premises in the David Lewis Recreation Ground. The staff consists of a head teacher with two assistants.

The Barr Hill Day School, which provides accommodation for 100 delicate children, was opened on the 30th May, 1924.

The school is built on an elevated site, standing well above the valley, and its open front looks due south. The plan resembles the letter "E" with the middle tongue missing, the central portion being a shed left permanently open to the south, and windowed to the north. One projecting wing comprises two classrooms, and the other wing the administrative portion, including kitchen and cloakroom. The classrooms, by means of folding glass doors, can be opened to the east, south and west, but are permanently closed to the north.

The staff consists of a head teacher and three assistants.

Delicate children, from 6 to 14 years of age, are admitted, and are daily conveyed to and from the open air schools, free of charge, by a service of special tramcars.

Children arrive at school at 9 o'clock a.m. and remain the whole day, leaving at 6 o'clock p.m. during the summer, and 4-30 p.m. in the winter.

The children admitted to the Open Air Schools are selected by examination by the Medical Staff, and the parents are urged to get any defects, such as enlarged tonsils and adenoids, or decayed teeth, remedied before admission to the schools.

No children are admitted who are considered likely to be a source of infection to others.

The school nurse attends each school daily, the children are weighed each week, and the Medical Inspector also visits the schools once a week.

Three meals are provided—breakfast, dinner and tea—for which a maximum charge of 5s. per week is made. After dinner the children rest in the recumbent position for two hours, either in the open when weather permits, or under cover when wet.

Children who have been discharged from the Open Air Schools to the ordinary schools are invited periodically to the Clinic, for observation of their further progress.

Open Air Schools, Year 1932.

FREDERICK ROAD.

	Boys.		Girls.		Total.
Number of Admissions during 1932	34	..	40	..	74
Number of Discharges during 1932	42	..	34	..	76
Number of Children on Register at end of					
Year 1932	39	..	42	..	81

CHILDREN DISCHARGED DURING 1932.

	Boys.		Girls.		Total.
Average " Stay " in School (weeks)	73·5	..	75·4	..	74·4
AVERAGE GAIN IN WEIGHT	9·2	..	11·3	..	10·2 lbs.
	yr. mth.		yr. mth.		yr. mth.
Average Age on Admission	9 7	..	9 6	..	9 6
	Boys.		Girls.		Total.
Transferred to Ordinary School	32	..	23	..	55
Left, aged 14	5	..	8	..	13
Taken off Rolls (poor attendance)	—	..	1	..	1
„ „ „ (removed from district)	1	..	—	..	1
„ „ „ (parents request)	1	..	2	..	3
„ „ „ (deceased)	2	..	—	..	2
Admitted to Delamere O.A.S	1	..	—	..	1
	42	..	34	..	76

CLASSIFICATION OF DISEASES FROM WHICH THE ABOVE DISCHARGED
CHILDREN WERE SUFFERING.

	Boys.		Girls.		Total.
Tuberculosis, Lungs	1	..	—	..	1
„ „ „ (Suspected)	1	..	1	..	2
„ „ „ Bones	1	..	—	..	1
„ „ „ (Suspected)	—	..	—	..	—
„ „ „ Glands	1	..	—	..	1
„ „ „ (Suspected)	—	..	—	..	—
„ „ „ Abdomen	1	..	—	..	1
„ „ „ (Suspected)	—	..	—	..	—
Bronchitis	10	..	6	..	16
Malnutrition	4	..	1	..	5
Adenitis	1	..	2	..	3
Chorea	—	..	1	..	1
Chorea (Suspected)	—	..	2	..	2
Debility	1	..	—	..	1
Delicate	9	..	11	..	20
Anæmia	2	..	2	..	4
Encephalitis Lethargica	—	..	1	..	1
Appendicitis (suspected)	1	..	—	..	1
Post-pneumonic Fibrosis	8	..	3	..	11
Enlarged Bronchial Glands	—	..	1	..	1
Rheumatism	—	..	1	..	1
Infantile Paralysis	—	..	1	..	1
Otorrhoea and Rheumatism	—	..	1	..	1
Enlarged Tonsils	1	..	—	..	1
	42	..	34	..	76

OPEN AIR SCHOOLS, YEAR 1932—*Continued.*

BARR HILL.

	Boys.		Girls.		Total.
Number of Admissions during 1932	67	..	65	..	132
Number of Discharges during 1932	67	..	64	..	131
Number of Children on Register at end of Year 1932	62	..	56	..	118

CHILDREN DISCHARGED DURING 1932.

	Boys.		Girls.		Total.
Average " Stay " in School (weeks)	44·3	..	40·4	..	42·3
AVERAGE GAIN IN WEIGHT	8·5	..	8·2	..	8·3 lbs.

	yr. mth.		yr. mth.		yr. mth.
Average Age on Admission	9 0	..	9 8		9 4

	Boys.		Girls.		Total.
Transferred to Ordinary School	59	..	57	..	116
Left, aged 14	3	..	3	..	6
Taken off Rolls (parents request)	—	..	3	..	3
„ „ „ (unfit at present)	5	..	1	..	6
	67	..	64	..	131

CLASSIFICATION OF DISEASES FROM WHICH THE ABOVE DISCHARGED
CHILDREN WERE SUFFERING.

	Boys.		Girls.		Total.
Tuberculosis, Lungs (Early)	—	..	—	..	—
„ „ (Suspected).....	2	..	2	..	4
„ Glands.....	2	..	4	..	6
„ „ (Suspected).....	—	..	—	..	—
„ Abdomen	—	..	—	..	—
„ „ (Suspected).....	3	..	1	..	4
„ Bones and Joints.....	1	..	—	..	1
„ „ „ (Suspected). 2	2	..	—	..	2
Delicate	10	..	16	..	26
Anæmia	8	..	10	..	18
Bronchitis.....	14	..	11	..	25
Asthma	2	..	—	..	2

OPEN AIR SCHOOLS, YEAR 1932, BARR HILL—Continued.

	Boys.		Girls.		Total.
Rickets	4	..	2	..	6
Laryngeal Catarrh	1	..	—	..	1
Malnutrition.....	5	..	2	..	7
Epilepsy and Bronchitis	—	..	1	..	1
Goitre	—	..	1	..	1
Enlarged Glands	1	..	2	..	3
Adenoids	1	..	—	..	1
Chorea.....	2	..	—	..	2
Infantile Paralysis	3	..	3	..	6
Post-pneumonic Fibrosis	4	..	3	..	7
Osteomyelitis	1	..	—	..	1
Neurosis	1	..	4	..	5
Debility	—	..	1	..	1
Cardiac Enlargement	—	..	1	..	1
	67	..	64	..	131

Observation of Discharges from Open Air Schools.

Thirty-five of the children discharged from the open air schools during 1929 have since been kept under regular observation at the Clinic.

The following is a summary of their physical progress after leaving the open air school :—

Total number discharged	35
Progress satisfactory and attending ordinary school	25
„ unsatisfactory but „ „ „	8
„ „ left school, over 14 years of age	1
Deceased, died of pneumonia nine months after leaving Open Air School	1
Total with satisfactory progress	25
„ „ unsatisfactory „	10

The following are the diagnoses of the conditions for which the children were admitted to Open Air Schools :—

Delicate	11
Tuberculosis, either suspected or in non-infectious state	7
Bronchitis	9
Rheumatism	2
Post-pneumonic fibrosis	2
Asthma	1
Other diseases	3

Diagnoses of cases with unsatisfactory progress :—

Bronchitis	3
Post-pneumonic fibrosis	2
Tuberculous glands	1
Asthma	1
Rheumatism	2
Delicate	1

From experience it is found that rheumatic and chronic bronchitic cases, or children with extensive fibrosis of the lungs following pneumonia do not benefit from open air schools as much as the thin, delicate or early tuberculous child.

Orthopædic Scheme.

Following the appointment by the Education Committee of Mr. Milner as Orthopædic Surgeon, and Miss Hulbert as Orthopædic Nurse, a special Orthopædic clinic was established at Hope Hospital.

The Orthopædic Surgeon attends the Hospital twice weekly for the purpose of (1) reviewing cases of orthopædic defect referred to him by the School Medical Inspectors, and (2) carrying out orthopædic operations where necessary.

The Orthopædic Nurse attends at Special clinics held weekly at Regent Road (four sessions) and Police Street, (two sessions) for the purpose of carrying out the instructions of the Orthopaedic Surgeon with respect to massage, exercises and appliances, she, of course, attends, in addition, the sessions of the Orthopaedic Surgeon at Hope Hospital.

Below, details are given of the work done by the Orthopaedic Surgeon and nurse during the year 1932.

	Boys.	Girls.	Total.
Number of cases examined by the Orthopædic Surgeon.	280	208	488

Recommended for	Boys.	Girls.	Total.
Special Day Cripple School	37	25	62
„ Resident Cripple School	1	1	2
„ Resident Hospital School	7	2	9
„ Day Open Air School	25	17	42
„ Day School for Mentally Defective.....	1	—	1
Ordinary School	206	163	369
Unfit for any School	3	—	3
TOTAL	280	208	488

Treatment Recommended.	Boys.	Girls.	Total.
Hospital In-patient	34	27	61
Artificial Sunlight Treatment	1	1	2
Exercises	54	50	104
Plaster of Paris bandages	2	1	3
Surgical Appliances	37	27	64
Referred to Institutions	1	2	3
X-ray Examination	7	1	8
To continue attending other Hospitals	11	6	17
To be kept under observation	74	47	121
Not requiring any treatment	49	31	80
Discharged	10	15	25
TOTAL	280	208	488

Treatment Administered.	Boys.	Girls.	Total.
Operative	31	26	57
Remedial Exercises. Number of attendances.....	721	978	1699
Massage. Number of attendances	166	21	187
Renewal or Supervision of Plaster, Surgical Boots or Splints. Number of Attendances	209	110	319
Electrical Treatment	18	44	62

Physical Training.

The School Medical Officers advise as to the kind of exercises to be adopted in some cases of temporary deformity, such as slight scoliosis.

Provision of Meals.

The usual arrangements with regard to cooking of dinners and the conveyance to the feeding centres were followed, with the addition of a new centre (cooking and feeding) opened at Frederick Road in November, 1932.

The number of children requiring free meals shows an increase during the year, the average monthly number being 707, as compared with 468, for the previous year.

Children examined in the schools by the Medical Officers and found to be suffering from malnutrition are referred for investigation into the parents' means and, where necessary, free meals are given.

Swimming Instruction.

During the season just closed, 18 Swimming Instructors were appointed for boys and 6 for girls, and the number of attendances of children during school hours at the several baths was 35,888 in the case of boys, and 31,396 in the case of girls, making a total of 67,284, as compared with 64,041 in the previous year.

In order to encourage the children to learn swimming, the Baths Committee have continued the arrangement under which a free season ticket for the ensuing year is given to each scholar who, at the commencement of the season, is unable to swim more than ten yards, and who at the end of the season has proved able to swim one length of the bath. Certificates of proficiency are also awarded by the Education Committee, after an examination conducted by a committee of Teachers. The number of such certificates gained during the past season was 2,577, compared with 2,115 for the previous year.

Co-operation of Parents.

Parents present at the inspection are, of course, notified directly of any defect discovered, and they are advised as to the necessary treatment. When parents are absent at the time of the inspection, and it is desirable that they should be interviewed with respect to defects discovered, invitations for these parents to attend the inspection clinic, together with the children, are issued, and so the cases are followed up.

Co-operation of Teachers.

Previous to the visit of the School Doctor, teachers notify parents of the date and time at which their children will be examined.

Each Head Teacher supplies weekly to the Medical Officer a return of sickness in the schools. In this way early information is obtained as to the outbreak of any infectious sickness amongst school children.

Again, a large number of the special cases examined at the Inspection Clinic are children who have been referred by school teachers for medical examination.

In the case of mentally defective children the work of the Medical Officer is greatly facilitated by the special reports which are furnished by Head Teachers.

Co-operation of School Attendance Officers.

The assistance of the School Attendance Officers is obtained in the case of children who have been invited to the Inspection Clinic and do not attend.

Cleansing notices issued in accordance with Section 87 of the Education Act, 1921, are delivered by the Attendance Officers, who insure the attendance of the verminous children at the cleansing centre.

The Superintendent of Attendance Officers is daily supplied with all information with respect to periods of school exclusion, or fitness for school in the case of children examined at the Inspection and Treatment Clinics.

Co-operation of Voluntary Bodies.

The co-operation of the Invalid Children's Aid Association, the Crippled Children's Help Association, etc., has been obtained in a number of cases. Through these agencies a considerable number of children have been sent to Holiday and Convalescent Homes at the seaside, or in the country, and in the case of some of the cripples suitable apparatus has been supplied by these voluntary bodies.

During the year 1932, the number of children of school age who have been dealt with by the Invalid Children's Aid Association is 240, and the manner in which they have been dealt with is as follows:—

	Boys.		Girls.		Total.
Convalescent treatment for periods varying from 1 to 29 weeks, total number of weeks, 476, an average of $5\frac{1}{3}$ weeks per child..	43	..	42	..	85
Kept under supervision and home-visited	42	..	50	..	92
Assistance towards the cost of surgical appliances.....	2	..	2	..	4
Grants of approximately £32 5s.	24	..	12	..	36
Nourishments and Clothing	30	..	23	..	53

Blind, Deaf, Defective and Epileptic Children.

A list of the children maintained in special institutions will be found in Tables S IIIA. and S IIIB. in the Statistical Tables.

A school for the accommodation of partially blind children was opened in the City on March 7th, 1921. This school serves as a Day School for children who are not totally blind, but whose vision is too defective for them to be taught in the ordinary schools. Fifteen children were admitted during the year.

Cases of total blindness are sent to a residential institution.

Two of the Assistant School Medical Officers, Dr. H. Heathcote and Dr. G. Heathcote, are engaged in the examination and classification of mentally defective children with respect to their suitability for treatment in :—

- (a) Resident Institutions for Imbeciles and Idiots.
- (b) Special Residential Schools for Mentally Defective Children.
- (c) Special Day Schools for Mentally Defective Children.
- (d) Special Classes in Ordinary Schools.

A similar list is prepared in the case of physically defective children in respect of their suitability for treatment in :—

- (a) Residential Open Air Schools.
- (b) Day Open Air Schools.
- (c) Sanatorium Schools.
- (d) Special Residential Schools for Cripples.
- (e) Special Day Schools for Cripples.
- (f) Special Residential Schools for Epileptics.
- (g) Special Residential Hospital Schools.

Mentally defective children who are not in Special Schools are referred to the South-East Lancashire Association for Mental Welfare for supervision, and some of them attend an Occupation Centre.

The South Bank Sight-saving School.

There are 74 children on the rolls, and the teachers at the School constitute the After-Care Committee.

Twenty-five children left the School in 1932, and the following is a summary of the records of their after-careers :—

	Boys.		Girls.		Total.
Returned to Ordinary School	3	..	2	..	5
Left the City and returned to Ordinary School	2	..	—	..	2
Left the district	—	..	1	..	1
Working	—	..	6	..	6
Unemployed.....	4	..	1	..	5
Institution for the Blind	3	..	1	..	4
Special Residential School	—	..	1	..	1
Deceased	1	..	—	..	1
	13		12		25

Nursery Schools.

As yet there is but one in the City, namely, in Hulme Street, where about 64 children are in daily attendance. This school is visited each week by the Child Welfare Medical Officer.

Secondary Schools.

1. MEDICAL INSPECTION :—

- (a) The Schools provided by the Local Education Authority, as set out, namely—

The Salford Grammar School,
The Municipal Secondary School for Girls.
The Broughton High School for Girls.
The Junior Technical School,
The Junior Art School,

and the non-provided, but aided, Adelphi House Secondary School for Girls, are subjected to routine medical inspection.

- (b) Full medical inspection takes place annually, of all pupils. Those who were inspected in the preceding year and have continued in perfect health and show a satisfactory increase in weight are not required to undress.

- (c) All pupils in attendance at the School are inspected.

- (d) The following up is undertaken by the Medical Inspector at the next annual examination, if not before. Head Teachers are also furnished with the names of pupils who require treatment, and they voluntarily do a great deal of following up before the next medical inspection is due.

2. MEDICAL TREATMENT :—

- (a) Pupils who are suffering from Defective Vision, Enlarged Tonsils and/or Adenoids, and any Physical Defect requiring Orthopædic treatment, are allowed to participate in the Authority's scheme of arrangement for treatment of these complaints.

- (b) The treatment is available for all types of pupils.

- (c) Payment of the costs of any medical treatment provided are recovered from the parents, in full, where possible. Where, after investigation of parents' means, circumstances do not permit the full charge to be made, a proportion is authorised.

Tables showing the number of pupils examined and the findings of the Medical Inspector will be found in the Statistical Tables.

Miscellaneous.

A number of Teachers, Student Teachers, Intending Teachers, and special cases have been medically examined by the Medical Officers during the year. (See Table S IB. in the Statistical Tables.)

The total number of children medically examined in the Elementary Schools during the year amounted to 10,855.

During the year 28,218 invitations were sent out to children referred for medical treatment, and there were 19,576 attendances; 7,453 cases were discharged from the Clinic, 95·03 per cent of which were remedied. (See pages 46–47 of Statistical Tables.)

Summary of Examinations.

During the year 1932, 61,016 examinations were conducted by the Medical Officers of the Education Committee.

These examinations were made up as follows :—

(a) Children belonging to Code Groups examined in the Schools	10,855
(b) Cases of visual defects examined by retinoscopy at Chapel Street	2,043
(c) Absentees and cases of disease or defect examined by the Medical Officers at Regent Road Centre, Teneriffe Street Centre and Police Street Centre..	19,576
(d) Verminous cases in which cleansing notices have been served under Section 87 of the Education Act, 1921, Examined at Regent Road.....	451
(e) Teachers, Student Teachers, Intending Teachers, and various special cases examined.....	557
(f) Children examined in the schools by the School Dentists	25,299
(g) Children examined in Secondary Schools.....	1,601
(h) Employment Certificates issued	146
(i) Children examined at the Orthopædic Clinic	488

STATISTICAL TABLES.

ELEMENTARY SCHOOLS.

TABLE I.

RETURN OF MEDICAL INSPECTIONS DURING THE YEAR ENDED
31ST DECEMBER, 1932.

A.—ROUTINE MEDICAL INSPECTIONS.

	Boys.	Girls.	Total.
Number of Code Group Inspections—			
Entrants	1,557	1,521	3,078
Intermediates	1,916	1,804	3,720
Leavers	2,113	1,944	4,057
TOTAL	5,586	5,269	10,855

Number of other Routine Inspections..... — — —

B.—OTHER INSPECTIONS.

	Boys.	Girls.	Total.
Number of Special Inspections	5,024	4,514	9,538
Number of Re-inspections	6,965	6,364	13,329
TOTAL	11,989	10,878	22,867

TABLE I—Continued.
AVERAGE HEIGHTS AND WEIGHTS OF CHILDREN EXAMINED AT THE ROUTINE MEDICAL INSPECTION.

BOYS. AVERAGE HEIGHT IN INCHES.				GIRLS. AVERAGE HEIGHT IN INCHES.			
Average age in years	5 ⁶ / ₁₂	8 ⁵ / ₁₂	12 ⁵ / ₁₂	Average age in years	5 ⁶ / ₁₂	8 ⁵ / ₁₂	12 ⁵ / ₁₂
Number examined	1557	1916	2113	Number examined	1521	1804	1944
Anthropometric standard at 5, 8 and 12 years respectively	40.4	46.9	54.7	Anthropometric standard at 5, 8 and 12 years respectively	40.2	46.3	54.9
Salford average	41.8	47.8	54.1	Salford average	41.7	47.9	55.9
Difference	+1.4	+0.9	— .6	Difference	+1.5	+1.6	+1.0
BOYS. AVERAGE WEIGHT IN LBS.				GIRLS. AVERAGE WEIGHT IN LBS.			
Average age in years	5 ⁶ / ₁₂	8 ⁵ / ₁₂	12 ⁵ / ₁₂	Average age in years	5 ⁶ / ₁₂	8 ⁵ / ₁₂	12 ⁵ / ₁₂
Number examined	1557	1916	2113	Number examined	1521	1804	1944
Anthropometric standard at 5, 8 and 12 years respectively	38.2	50.2	71.5	Anthropometric standard at 5, 8, and 12 years respectively	37.3	48.9	72.3
Salford average	39.8	52.3	71.3	Salford average	38.4	51.2	75.9
Difference	+1.6	+2.1	— .2	Difference	+1.1	+2.3	+3.6

TABLE II.

A.—RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL
INSPECTION IN 1932.

DEFECTS OR DISEASES.	ROUTINE INSPECTION.		SPECIALS.	
	No. referred for treatment.	No. requiring to be kept under observation.	No. referred for treatment.	No. requiring to be kept under observation, but not referred for treatment.
Malnutrition.....	1	3	16	4
Uncleanliness, head .....	..	..	..	..
„ body .....	..	..	..	..
(See Table IV., Group V.)				
Skin—				
Ringworm, head	4	1	30	1
„ body	11	1	61	..
Scabies	25	3	187	..
Impetigo	39	3	798	..
Other Diseases (Non-Tubercular)	96	9	1969	4
Eye—				
Blepharitis	37	5	139	..
Conjunctivitis	20	1	259	2
Keratitis	3	..	14	..
Corneal Ulcer	3	..	11	..
Corneal Opacities	2	..	..	1
Defective Vision	818	23	89	2
Squint	102	11	33	1
Other Conditions	12	4	144	5
Ear—				
Defective Hearing	47	43	159	35
Otitis Media	89	41	737	21
Other Ear Diseases	59	6	51	11
Nose and Throat—				
Enlarged Tonsils.....	238	398	375	233
Adenoids.....	54	75	100	48
Enlarged Tonsils and Adenoids.	327	133	640	100
Other Conditions	128	70	480	86
Enlarged Cervical Glands (Non-Tubercular)	18	86	314	61
Defective Speech	21	29	18	12
Teeth—Dental Disease	1000	..	308	4
Heart and Circulation—				
Heart Disease, Organic	4	66	57	54
„ „ Functional	8	161	86	110
Anæmia	35	125	178	84

TABLE II—Continued.

A.—RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL
INSPECTION IN 1932.

DEFECTS OR DISEASES.	ROUTINE INSPECTION.		SPECIALS.	
	No. referred for treatment.	No. requiring to be kept under observation.	No. referred for treatment.	No. requiring to be kept under observation, but not referred for treatment.
Lungs—				
Bronchitis.....	109	159	404	256
Other Non-Tubercular Diseases.	10	30	61	40
Tuberculosis—				
Pulmonary, Definite .....	..	..	5	13
„ Suspected	7	4	37	42
Non-Pulmonary, Glands.....	7	12	32	15
„ Spine	1	..	4	..
„ Hip.....	..	..	5	..
„ Other Bones and Joints	1	2	9	..
„ Skin	3	..	3	3
„ Other Forms.	2	..	11	7
Nervous System—				
Epilepsy	4	4	17	17
Chorea.....	8	27	115	60
Other Conditions	5	12	43	26
Deformities—				
Rickets	27	23	29	13
Spinal Curvature	19	2	6	1
Other Forms	36	17	89	40
Other Defects or Diseases	102	174	1140	152
Delicate	63	174	198	93
Mentally Defective	13	8	16	8
Dull and Backward	10	29	7	9

TABLE II—Continued.

B.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group.	Number of Children.		Percentage of Children Found to Require Treatment.
	Inspected.	Found to Require Treatment.	
Code Groups—			Per cent.
Entrants	3078	599	19.46
Intermediates	3720	956	25.70
Leavers	4057	856	21.10
Total (Code Groups)	10855	2411	22.21
Other Routine Inspections .....	..	..	..

TABLE II—Continued.

C.—DETAILS OF RE-EXAMINATION OF CHILDREN IN CODE GROUPS.

Defects or Diseases.	Had Treatment.	Not had Treatment.
Malnutrition.....	2	..
Uncleanliness, head	4	..
„ body .....	..	..
Skin—		
Ringworm, head	6	..
„ body	6	..
Scabies	27	..
Impetigo	38	1
Other Diseases (Non-Tubercular)	73	..
Eye—		
Blepharitis	23	3
Conjunctivitis	11	..
Keratitis	1	..
Corneal Ulcer	1	..
Corneal Opacities	2	..
Defective Vision	429	235
Squint	13	11
Other Conditions	10	4
Ear—		
Defective Hearing	42	6
Otitis Media	87	11
Other Ear Diseases	28	7
Nose and Throat—		
Enlarged Tonsils.....	115	300
Adenoids.....	33	40
Enlarged Tonsils and Adenoids	176	222
Other Conditions	94	37
Enlarged Cervical Glands (Non-Tubercular)	42	18
Defective Speech	14	3
Teeth—Dental Disease	318	409
Heart and Circulation—		
Heart Disease, Organic	7	3
„ „ Functional	50	29
Anæmia	21	9
Lungs—		
Bronchitis.....	152	23
Other Non-Tubercular Diseases	12	6
Tuberculosis—		
Pulmonary, Definite.....	..	..
„ Suspected.....	5	1
Non-Pulmonary, Glands.....	3	2
„ Spine	1	..
„ Hip .....	..	..
„ Other Bones and Joints .....	..	..
„ Skin	3	..
„ Other Forms .....	..	..
Nervous System—		
Epilepsy.....	3	..
Chorea.....	21	..
Other Conditions	10	7
Deformities—		
Rickets	23	3
Spinal Curvature	7	1
Other Forms	31	7
Other Defects or Diseases	166	82
Delicate	90	25
Mentally Defective	4	3
Dull and Backward	12	3
Number of Children Re-examined	3,291	
Had Treatment.....	2,002	=60·83 per cent.
Not had Treatment	1,289	

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

			Boys.	Girls.	Total.
Children suffering from the following types of Multiple Defect, <i>i.e.</i> , any combination of Total Blindness (1), Total Deafness (1), Mental Defect, Epilepsy, Active Tuberculosis, Crippling (as defined in penultimate category of the Table), or Heart Disease			7	6	13
Blind (including partially blind).	(i.) Suitable for training in a School for the totally blind.	At Certified Schools for the Blind	3	7	10
		At Public Elementary Schools.	—	—	—
		At other Institutions	—	—	—
		At no School or Institution...	—	—	—
	(ii.) Suitable for training in a School for the partially blind.	At Certified Schools for the Blind or Partially Blind...	37	37	74
		At Public Elementary Schools.	—	—	—
		At other Institutions	—	—	—
		At no School or Institution...	—	—	—
Deaf (including deaf and dumb and partially deaf).	(i.) Suitable for training in a School for the totally deaf or deaf and dumb.	At Certified Schools for the Deaf	9	12	21
		At Public Elementary Schools.	—	—	—
		At other Institutions	—	—	—
		At no School or Institution...	1	3	4
	(ii.) Suitable for training in a School for the partially deaf.	At Certified Schools for the Deaf or Partially Deaf	—	—	—
		At Public Elementary Schools.	—	—	—
		At other Institutions	—	—	—
		At no School or Institution...	—	—	—
Mentally Defective.	Feebleminded	At Certified Schools for Mentally Defective Children	3	4	7
		At Public Elementary Schools.	72	52	124
		At other Institutions	1	1	2
		At no School or Institution...	32	37	69
	Notified to the Local Mental Deficiency Authority during the year.	Details given on Form 307M..	—	—	—

TABLE III.—Continued.

			Boys.	Girls.	Total.
Epileptics.	Suffering from severe epilepsy.	At Certified Schools for Epileptics	11	—	11
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	3	—	3
		At Public Elementary Schools.	7	7	14
		At other Institutions	—	—	—
		At no School or Institution...	5	5	10
Physically Defective.	Suffering from epilepsy which is not severe.	At Public Elementary Schools.	9	9	18
		At no School or Institution...	2	3	5
	Active pulmonary tuberculosis (including pleura and intrathoracic glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	6	3	9
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools.	—	—	—
		At other Institutions	—	—	—
		At no School or Institution...	—	—	—
	Quiescent or arrested pulmonary tuberculosis (including pleura and intrathoracic glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	3	4	7
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	3	2	5
		At Public Elementary Schools	15	11	26
		At other Institutions	—	—	—
		At no School or Institution...	2	1	3
	Tuberculosis of the peripheral glands.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	1	1
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools.	6	6	12
		At other Institutions	—	—	—
		At no School or Institution...	1	1	2
	Abdominal tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	1	—	1
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	2	3	5
		At Public Elementary Schools	3	2	5
		At other Institutions	—	—	—
		At no School or Institution....	6	4	10

TABLE III.—Continued.

			Boys.	Girls.	Total.
Physically Defective (continued)	Tuberculosis of bones and joints (not including deformities due to old tuberculosis).	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	1	—	1
		At Public Elementary Schools.	20	11	31
		At other Institutions	—	—	—
		At no School or Institution...	8	6	14
	Tuberculosis of other organs (skin, etc.).	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	—	—	—
		At Public Elementary Schools.	—	1	1
		At other Institutions	—	—	—
		At no School or Institution..	—	2	2
	Delicate Children, <i>i.e.</i> , all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School.	At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools	—	—	—
		At Certified Residential Open Air Schools	3	3	6
		At Certified Day Open Air Schools	94	97	191
		At Public Elementary Schools.	93	84	177
		At other Institutions	—	—	—
		At no School or Institution...	14	12	26
	Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	At Certified Hospital Schools	—	—	—
		At Certified Residential Cripple Schools	17	16	33
		At Certified Day Cripple Schools	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	3	5	8
		At Public Elementary Schools.	84	54	138
			(27)	(19)	(46)
		At other Institutions	—	—	—
	Children with heart disease, <i>i.e.</i> , children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school.	At no School or Institution..	19	14	33
			(11)	(11)	(22)
		At Certified Hospital Schools..	—	—	—
		At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools.....	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	3	3
		At Public Elementary Schools.	23	20	43
		At other Institutions	—	—	—
		At no School or Institution...	6	11	17

TABLE IIIa.

MENTALLY DEFECTIVE CHILDREN EXAMINED DURING 1932 BY THE
MEDICAL OFFICER.

	Boys.	Girls.	Total.
Idiots and Imbeciles	3	6	9
Feeble-minded	38	24	62
„ and Physically Defective	1	—	1
Dull or Backward	46	19	65
„ „ and Partially Blind.....	1	—	1
Normal	7	2	9
Total	96	51	147

Recommended for	Boys.	Girls.	Total.
Special Resident Institution	6	8	14
„ Resident School for Mental Defectives .	2	8	10
„ Day School for Mental Defectives....	33	14	47
„ Class for Dull or Backward	36	15	51
„ Day School for Partially Blind.....	1	—	1
Unfit for any School	1	—	1
Ordinary School	17	6	23
Total	96	51	147

PHYSICALLY DEFECTIVE CHILDREN (CRIPPLES, EPILEPTICS, ETC.).

	Boys.	Girls.	Total.
Epilepsy (definite or suspected)	4	4	8
Tuberculosis (Pulmonary).....	—	—	—
„ (Non-Pulmonary)	24	25	49
Rickets	66	51	117
Congenital Malformation.....	41	28	69
Infantile Paralysis	43	32	75
Weakness and Paralysis, other than Infantile..	29	9	38
Postural Defect.....	23	16	39
Rheumatism (suspected)	—	4	4
Defect due to Injury	6	1	7
Spinal Curvature	13	18	31
Torticollis	10	11	21
Deformity Acquired.....	3	3	6
Disease of Bone	6	—	6
„ „ Joints (definite or suspected)	11	7	18
Disease of Muscle	—	3	3
Normal	2	2	4
Total	281	214	495

TABLE IIIa—Continued.

Recommended for	Boys.	Girls.	Total.
Special Resident School for Epileptics	4	3	7
„ Resident School for Cripples	1	1	2
„ Day „ „ „	37	25	62
„ Resident Hospital School	7	2	9
„ Day Open Air School	25	17	42
Unfit for any School	1	2	3
Ordinary School	206	164	370
Total	281	214	495

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED
31ST DECEMBER, 1932.

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS, FOR WHICH SEE
GROUP V.).

Disease or Defect.	Number of Defects Treated or under Treatment during the Year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin—			
Ringworm, Scalp	28	4	32
„ Body	63	4	67
Scabies	170	16	186
Impetigo	780	18	798
Other Skin Diseases	1773	138	1911
Minor Eye Defects	638	37	675
(External and other, but excluding cases falling in Group II.).			
Minor Ear Defects	928	23	951
Miscellaneous	590	52	642
(Minor Injuries, Bruises, Sores, etc.)			
Total.....	4970	292	5262

GROUP II.—DEFECTIVE VISION AND SQUINT, EXCLUDING MINOR EYE DEFECTS
TREATED AS MINOR AILMENTS (GROUP I.).

Defect or Disease.	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by Private Practitioner or at Hospital, apart from the Authority's Scheme.	Otherwise.	Total
Errors of Refraction (including Squint)	2043	..	..	2043
Other Defects or Diseases of the Eyes (excluding those recorded in Group I.) .....	..	..	..	..
Total	2043	..	..	2043

Total number of children for whom spectacles were prescribed:—

(a) Under the Authority's Scheme	1484
(b) Otherwise.....	—

Total number of children who obtained or received spectacles:—

(a) Under the Authority's Scheme.....	1453
(b) Otherwise.....	11

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Received Operative Treatment.			Received other Forms of Treatment.	Total Number Treated.
Under the Authority's Scheme in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
245	290	535	362	897

GROUP IV.—DENTAL DEFECTS.

(1) Number of children who were :—	Number	
(a) Inspected by the Dentist :	of	
Aged :	Children.	Total.
Routine Age Groups, 5 years.....	—	
6 „	2,874	
7 „	2,854	
8 „	3,053	
9 „	2,994	
10 „	3,177	
11 „	2,740	
12 „	2,835	
13 „	1,766	
14 „	262	
	—	22,555
Specials		2,744
Grand Total		25,299
(b) Found to require treatment		13,754
(c) Actually treated		7,042
(d) Re-treated during the year as the result of periodical examination (included under (c) above).....		3,295
(2) Half-days devoted to (a) Inspection	279	
(b) Treatment	1139	
	—	1,418
(3) Attendances made by children for treatment		12,784
(4) Fillings (a) Permanent Teeth	4,620	
(b) Temporary Teeth	—	
	—	4,620
(5) Extractions (a) Permanent Teeth.....	1,982	
(b) Temporary Teeth	12,405	
	—	14,387
(6) Administrations of local anæsthetics for extractions.....		14,387
(7) Other operations (a) Permanent Teeth	1,317	
(b) Temporary Teeth	83	
	—	1,400

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i.) Average number of visits per School made during the year by the School Nurses	3
(ii.) Total number of examinations of children in the Schools by the School Nurses	94,480
(iii.) Number of individual children found unclean.....	2,071
(iv.) Number of children cleansed under arrangements made by the Local Education Authority	212
(v.) Number of cases in which legal proceedings were taken :—	
(a) Under the Education Act, 1921	—
(b) Under School Attendance Byelaws	—

RESULTS OF TREATMENT OF DEFECTS OF CHILDREN DISCHARGED FROM
CLINICS DURING 1932.

Defects or Diseases.	Remedied.	Improved.	No change or no report.	Total.	Percentage remedied.
Malnutrition.....	6	2	..	8	75·00
Uncleanliness, head	5	..	..	5	100·00
„ body .....	..	..	..	..	..
Skin—					
Ringworm, head	18	..	..	18	100·00
„ body	51	..	..	51	100·00
Scabies	156	..	..	156	100·00
Impetigo	754	2	5	761	99·08
Other Diseases— (Non-Tubercular)	1779	2	7	1788	99·49
Eye—					
Blepharitis	107	1	1	109	98·16
Conjunctivitis	222	2	..	224	99·10
Keratitis	9	1	..	10	90·00
Corneal Ulcer	5	3	2	10	50·00
Corneal Opacities	1	..	..	1	100·00
*Defective Vision	22	..	22	44	50·00
*Squint	18	1	5	24	75·00
Other Conditions	140	..	1	141	99·29
Ear—					
Defective Hearing	140	2	1	143	97·90
Otitis Media	349	..	2	351	99·43
Other Ear Diseases	74	1	1	76	97·36
Nose and Throat —					
Enlarged Tonsils.....	263	27	13	303	86·80
Adenoids.....	78	5	4	87	89·65
Enlarged Tonsils and Adenoids	359	13	29	401	89·52
Other Conditions	440	5	6	451	97·56
Enlarged Cervical Glands— (Non-Tubercular)	264	5	..	269	98·14
Defective Speech.....	4	6	..	10	40·00
*Teeth—Dental Disease.....	57	..	59	116	49·13
Heart and Circulation—					
Heart Disease, Organic .....	..	28	4	32	..
„ Functional	56	9	2	67	83·58
Anæmia	95	6	3	104	91·34

* These figures include cases coming under the notice of the School Doctor at the Inspection Clinic, and do not include the great bulk of cases treated at the Ophthalmic and Dental Clinics.

RESULTS OF TREATMENT OF DEFECTS OF CHILDREN DISCHARGED FROM
CLINICS DURING 1932.—*Continued.*

Defects or Diseases.	Remedied.	Improved.	No change or no report.	Total.	Percentage remedied.
Lungs—					
Bronchitis.....	225	17	4	246	91.46
Other Non-Tubercular Diseases	61	..	1	62	98.38
Tuberculosis—					
Pulmonary, Definite	1	..	..	1	100.00
„ Suspected	24	3	..	27	88.89
Non-Pulmonary, Glands	9	1	..	10	90.00
„ Spine	2	..	..	2	100.00
„ Hip .....	..	2	2	4	..
„ Other Bones and Joints .	..	..	..	..	..
„ Skin	1	1	..	2	50.00
„ Other Forms .	7	..	..	7	100.00
Nervous System—					
Epilepsy	13	1	2	16	81.25
Chorea.....	89	5	1	95	93.68
Other Conditions	38	2	1	41	92.68
Deformities—					
Rickets	32	2	1	35	91.43
Spinal Curvature .....	..	1	..	1	..
Other Forms	32	14	2	48	66.67
Other Defects or Diseases	953	5	2	960	99.27
Delicate	116	3	3	122	95.08
Mentally Defective	1	..	4	5	20.00
Dull and Backward	7	1	1	9	77.78
Total	7083	179	191	7453	95.03

TABLE V.

SUMMARY OF TREATMENT OF DEFECTS SHOWN IN TABLE IV.

(GROUPS I., II., III. AND IV.)

Disease or Defect.	Number of Children.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Minor Ailments	6580	4970	292	5262
Visual Defects	2043	2043	..	2043
Defects of Nose and Throat.	2342	245	652	897
Dental Defects	13754	7042	..	7042
Other Defects	3911	195	..	195
Total	28630	14495	944	15439

TABLE VI.

SUMMARY RELATING TO CHILDREN MEDICALLY INSPECTED AT THE
ROUTINE INSPECTIONS DURING THE YEAR 1932.

(1) The total number of children medically inspected at the routine inspections	10855
(2) The number of children in (1) suffering from—	
Malnutrition	4
Skin Disease	192
Defective Vision (including Squint)	954
Eye Disease	87
Defective Hearing	90
Ear Disease	195
Nose and Throat Disease	1423
Enlarged Cervical Glands (Non-Tubercular)	104
Defective Speech	50
Dental Disease	1000
Heart Disease—	
Organic	70
Functional	169
Anæmia	160
Lung Disease (Non-Tubercular)	308
Tuberculosis—	
Pulmonary, Definite .....	..
„ Suspected	11
Non-pulmonary	28
Disease of the Nervous System	60
Deformities	124
Other Defects and Diseases	573
(3) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)	1520
(4) The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.)	3026
(5) The number of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.)	2002

TABLE 1a.

NUMBER OF CHILDREN IN SECONDARY SCHOOLS INSPECTED DURING 1932.

A.—ROUTINE MEDICAL INSPECTION.

	Prepara- tory.	Entrants.		Intermediates.		Leavers.		Totals.
		12	13	14	15	16	17	
Boys	34	84	93	110	91	33	12	457
Girls	339	198	175	168	156	74	34	1144
Total ...	373	282	268	278	247	107	46	1601

B.—SPECIAL INSPECTIONS.

	Special Cases.	Re-examinations (i.e., No. of Children re-examined).
Boys	38
Girls	101
Totals	139

C.—TOTAL NUMBER OF INDIVIDUAL CHILDREN INSPECTED BY THE MEDICAL OFFICER WHETHER AS ROUTINE OR SPECIAL CASES.

(No child to be counted more than once in a year.)

Number of Individual Children Inspected 1601

TABLE IIa.

A.—ROUTINE INSPECTION OF SECONDARY SCHOOLS.

Defects or Diseases.	No. referred for Treatment.	No. requiring to be kept under observation.
Malnutrition.....	..	..
Uncleanliness, head	1	..
„ body .....	..	..
Skin—		
Ringworm, head .....	..	..
„ body	1	..
Scabies	1	..
Impetigo	1	..
Other Diseases (Non-Tubercular).....	11	5
Eye—		
Blepharitis	3	..
Conjunctivitis	4	..
Keratitis .....	..	..
Corneal Ulcer .....	..	..
Corneal Opacities .....	..	..
Defective Vision	178	226
Squint ..	8	6
Other Conditions	2	..
Ear—		
Defective Hearing	1	2
Otitis Media	11	1
Other Ear Diseases .....	..	..
Nose and Throat—		
Enlarged Tonsils.....	56	38
Adenoids.....	4	3
Enlarged Tonsils and Adenoids	3	3
Other Conditions	8	5
Enlarged Cervical Glands (Non-Tubercular)..	4	7
Defective Speech .....	..	2
Teeth—Dental Disease	202	..
Heart and Circulation—		
Heart Disease, Organic	13	9
„ „ Functional .....	..	37
Anæmia	2	3
Lungs—		
Bronchitis.....	5	10
Other Non-Tubercular Diseases	1	5

TABLE IIa.—Continued.

Defects or Diseases.	No. referred for Treatment.	No. requiring to be kept under observation.
Tuberculosis—		
Pulmonary, Definite .....	..	..
,, Suspected .....	..	1
Non-Pulmonary, Glands.....	..	..
,, Spine .....	..	..
,, Hip .....	..	..
,, Other Bones and Joints.	1	..
,, Skin .....	..	..
,, Other Forms .....	..	..
Nervous System—		
Epilepsy .....	..	..
Chorea.....	..	1
Other Conditions	2	12
Deformities—		
Rickets .....	..	..
Spinal Curvature	10	2
Other Forms	81	54
Other Defects or Diseases	41	35
Delicate .....	..	..
Mentally Defective .....	..	..
Dull and Backward .....	..	..
No. of Children Examined.....	1601	.
No. of Individual Children having Defects which required treatment or to be kept under observation	556	331

TABLE IIa—Continued.

B.—DETAILS OF RE-EXAMINATION OF CHILDREN IN SECONDARY SCHOOLS.

Defects or Disease.	Had Treatment.	Not had Treatment.
Malnutrition.....	..	..
Uncleanliness, head .....	..	..
„ body .....	..	..
Skin—		
Ringworm, head .....	..	..
„ body .....	..	..
Scabies	1	..
Impetigo .....	..	..
Other Diseases (Non-Tubercular)	1	..
Eye—		
Blepharitis .....	..	..
Conjunctivitis .....	..	..
Keratitis .....	..	..
Corneal Ulcer .....	..	..
Corneal Opacities .....	..	..
Defective Vision	42	10
Squint .....	..	1
Other Conditions .....	..	..
Ear—		
Defective Hearing .....	..	..
Otitis Media	1	..
Other Ear Disease .....	..	..
Nose and Throat—		
Enlarged Tonsils.....	7	8
Adenoids.....	..	..
Enlarged Tonsils and Adenoids .....	..	1
Other Conditions	1	1
Enlarged Cervical Glands (Non-Tubercular) ..	1	1
Defective Speech .....	..	..
Teeth—		
Dental Disease	19	20
Heart and Circulation—		
Heart Disease, Organic .....	..	..
„ Functional .....	..	..
Anæmia	1	..
Lungs—		
Tuberculosis, Suspected .....	..	..
Bronchitis.....	..	..
Other Non-Tubercular Diseases .....	..	..
Tuberculosis (Non-Pulmonary)—		
Glands.....	..	..
Nervous System—		
Epilepsy .....	..	..
Chorea.....	..	..
Other Conditions .....	..	..
Deformities—		
Rickets	1	..
Spinal Curvature .....	..	1
Other Forms	11	1
Other Defects or Diseases	5	11
Number of Children Re-examined .....	..	139
„ Defects had Treatment .....	..	92
„ „ not had Treatment .....	..	47

TABLE IIIa.

TABLE SHOWING PREVALENCE OF PEDICULOSIS IN SECONDARY SCHOOLS
WHERE ALL THE PUPILS PRESENT WERE EXAMINED.

	BOYS.					GIRLS.				
	No. Examined.	Heads.			Vermineous bodies.	No. Examined.	Heads.			Vermineous bodies.
		A.	B.	C.			A.	B.	C.	
(A) Aggregate Numbers..	457	454	3	..	..	1,144	1,126	17	1	..
(B) Percentages..	..	99·34	·66	..	..	..	98·43	1·48	·09	..

TABLE S I.

CHILDREN EXAMINED AT THE INSPECTION CENTRES BY THE MEDICAL
INSPECTORS.

	Boys.		Girls.		Total.
New Cases	5,024	..	4,514	..	9,538
Re-examinations	5,332	..	4,706	..	10,038
Total Examinations .	10,356	..	9,220	..	19,576

CHILDREN EXAMINED BY THE EYE SPECIALIST.

	Boys.		Girls.		Total.
Number examined	963	..	1,080	..	2,043
Spectacles prescribed for .	691	..	793	..	1,484
„ supplied	679	..	774	..	1,453

TABLE S Ib.

MEDICAL EXAMINATION OF TEACHERS, ETC.

Student Teachers	16
Intending Teachers	36
Entrants to Secondary Schools.....	234
Other Special Examinations	271

TABLE S IIa.

CLASSIFICATION OF SPECIAL CASES.

EXAMINED BY THE MEDICAL INSPECTORS, AT THE INSPECTION CENTRES,
DURING THE YEAR 1932.

	Boys.		Girls.		Total Examina- tions.
	1st Exam.	Re- examined.	1st Exam.	Re- examined.	
Number of cases examined.....	5024	5332	4514	4706	19576
Malnutrition	1	5	12	7	34
Cleanliness, head .....	..	1	4	2	7
„ body.....	..	..	2	..	2
Skin—					
Ringworm, head	24	45	10	33	112
„ body	39	60	18	38	155
Impetigo.....	452	584	334	408	1778
Scabies	90	116	96	115	417
Alopecia	41	78	44	105	268
Other Diseases	1185	1066	685	623	3559
Eye—					
Defective Vision and Squint ..	59	23	54	14	150
External Eye Disease	283	671	280	778	2012
Ear—					
Defective Hearing	94	70	91	84	339
Ear Disease	427	893	348	639	2307
Teeth—					
Dental Disease	144	32	149	42	367
Nose and Throat—					
Enlarged Tonsils	256	132	323	185	896
Adenoids	80	55	63	40	238
Enlarged Tonsils and Adenoids	356	225	371	215	1167
Tonsillitis	76	84	87	100	347
Rhinitis	56	53	29	48	186
Other Diseases	148	122	157	120	547
Defective Speech	24	11	7	6	48

TABLE S IIa—Continued.

CLASSIFICATION OF SPECIAL CASES—Continued.

	Boys.		Girls.		Total Examina- tions.
	1st Exam.	Re- examined	1st Exam.	Re- examined.	
Heart and Circulation—					
Organic Disease	47	37	62	92	238
Functional Disease	83	65	106	91	345
Anæmia	115	112	143	177	547
Lungs—					
Pulmonary { Definite	14	8	5	11	38
Tuberculosis { Suspected.....	46	30	36	46	158
Chronic Bronchitis	317	356	326	311	1310
Other Diseases	53	49	38	40	180
Nervous System—					
Epilepsy	16	19	16	23	74
Chorea.....	76	109	97	105	387
Mentally Defective.....	16	8	12	5	41
Other Diseases	23	14	10	18	95
Non-Pulmonary Tuberculosis—					
Glands.....	25	29	21	35	110
Bones and Joints	13	5	7	4	29
Other Forms	14	9	13	15	51
Enlarged Cervical Glands (Non- Tubercular)	208	202	187	177	774
Delicate	132	131	161	142	566
Rickets	24	22	19	6	71
Deformities	85	18	43	13	159
Other Defects or Diseases	605	579	581	536	2301
Dull and Backward	9	6	6	..	21
Abscess	35	63	34	36	168
Fit for School	8551	..	7192	..	15743

TABLE S IIIa.

BLIND, DEAF AND DEFECTIVE CHILDREN.

NEW CASES SENT TO SPECIAL SCHOOLS DURING 1932.

	Boys.	Girls.	Total.
To Royal Residential School for the Deaf	1	1	2
„ South Bank Sight-saving School	6	9	15
„ Other Special Schools	7	6	13
TOTALS	14	16	30

TABLE S III b.

TOTAL NUMBER OF CHILDREN MAINTAINED IN INSTITUTIONS, AT THE
PART COST OF THE COUNCIL, AS AT SEPTEMBER 30TH, 1932.

Name of Institution.	Boys.	Girls.	Total.
Henshaw's Institution for the Blind, Manchester ...	1	4	5
Catholic Blind Asylum, Liverpool	1	1	2
Royal Residential Schools for the Deaf, Manchester..	8	12	20
St. John's Institution for the Deaf and Dumb, Boston Spa	1	—	1
Soss Moss Epileptic Colony School, Chelford	1	—	1
Starnthwaite Residential School for Epileptics	8	—	8
Home for Epileptics, Maghull	1	—	1
„ St. Elizabeth's, Much Hadham.	1	—	1
School for Mentally Retarded Blind, Abbotskerswell..	—	2	2
Sandlebridge School for Feeble-minded	1	3	4
Pontville School for Mental Defectives, Ormskirk ..	1	—	1
Besford Court Mental Welfare Hospital, Worcestershire	1	—	1
Allerton Priory School for Mental Defectives, Liverpool.	—	1	1
Greengate Hospital and Open Air School	16	14	30
Boys' and Girls' Refuges and Homes, Bethesda Home for Cripples, Cheetham Hill	—	1	1
Boys' and Girls' Refuges and Homes, Belmont Homes, Cheadle	2	—	2
Sunshine House for Blind Babies, Southport	1	—	1
Convalescent Home, West Kirby	1	3	4
TOTALS	45	41	86

TABLE S V.

INSPECTION, TREATMENT, ETC., OF CHILDREN DURING 1932.

(1) The total number of children medically inspected (whether Code Group, special or ailing child)	20,393
(2) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment).....	2,609
(3) The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.).....	10,384
(4) The number of children in (3) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.)	7,448